

A SNAPSHOT OF

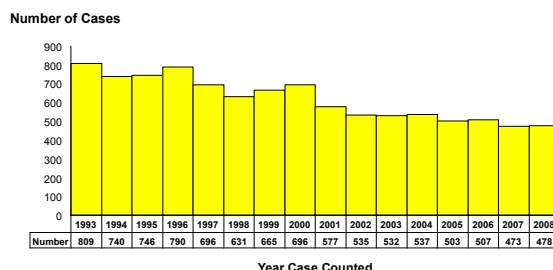
TUBERCULOSIS (TB)



THE NUMBERS

- 478 tuberculosis (TB) cases were reported in Georgia in 2008 - a 1% percent increase from 473 cases in 2007
- The counties reporting the highest number of TB cases in 2006 were DeKalb (77), Fulton (72), Gwinnett (68), and Cobb (27)
- Those with TB were predominantly male (64%), African American (48%) and US-born (59%)
- One multi-drug resistant case was reported in 2008, and 32 cases (9%) were resistant to Isoniazid
- 94% of persons with TB scheduled to complete treatment for active disease by 2008 completed a full course of treatment, and 82 percent received treatment exclusively by directly observed therapy (DOT)
- In 2007, the most current year for which we have updated contact data, approximately 935 (19%) contacts to persons with active TB were infected with latent TB, and 65% completed treatment to prevent progression to active TB disease

Number of Reported TB Cases
Georgia, 1993-2008



THE RESOURCES

- The state TB Program ensures all Georgians with active TB disease are identified and receive comprehensive evaluation and treatment. Each health district has a contract physician available to provide medical services for persons with TB and their contacts within the community. Local health departments provide individualized case management for persons with TB including screening, chest x-rays, bacteriology, monthly clinic evaluations, social services, and housing to homeless persons. TB medications needed for treatment are provided at no cost to the individual. Directly observed therapy (DOT) is the standard of care in Georgia and is available in all health districts. DOT means that public health staff arrange for a responsible person to make sure the person with TB takes medication consistently, either at home, at work, or in a clinic or doctor's office. DOT prevents the development of multi-drug resistant TB and ensures the completion of treatment
- The local health departments conduct a contact investigation in conjunction with every case of active TB identified. Public health staff interview the person with TB to determine where the person has been and whom the person may have exposed. The staff then locates, notifies and evaluates each contact for TB infection and/or TB disease. If latent TB infection (LTBI) is diagnosed, treatment is offered to the contact. TB medications are provided at no cost to the person with TB
- Collaboration with the American Lung Association - SE Region (ALA) has been in effect since 1996 to provide DOT, housing and social services to homeless, infectious persons with TB statewide
- When hospitalization is necessary for acute care of a person with TB, DCH contracts with public and private hospitals to provide these services. Grady Memorial Hospital in Atlanta has 73 isolation beds for persons either suspected of or diagnosed as having infectious TB. Other hospitals throughout the state have smaller numbers of beds for persons with infectious TB disease